## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** Apr 01 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (8)M96383 CAM FAIRWAY, INC. Mailing Address Principal Place of Business 29656 US HWY 18 N 29656 US HWY 19 N **STE 100** STE 100 DO NOT WRITE IN THIS SPACE **CLEARWATER FL 34621** CLEARWATER FL 34621 3. Date Incorporated or Qualified 08/29/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-2907150 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 28 Added to Fees Country Country 8. This corporation owes or has paid the current year Intangible 33761 29 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MINIERI, CARL 29656 US HWY 19 N, #100 Street Address (P.O. Box Number is Not Acceptable) 82 **CLEARWATER FL 34621** 63 City F 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. Signature, typed or printed hards of registered agent and title it applicable. (NOTE: Rugistered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DP DELETE TITLE 1.1 TITLE Change Addition MINIERI, CARL NAME 1.2 NAME 29656 US HWY 19 N #100 STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP Addition DELETE 2.1 TITLE TITLE ROTUNNO, DOROTHY NAME 2.2 NAME 29656 US HWY 19 N #100 STREET ADDRESS 2.3 STREET ADDRESS **CLEARWATER FL** 3376/ CITY-ST-ZIP 2 4 City-ST-ZIP DELETE Change Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-S1-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Block 12 or Block 13 if change **SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in